

September 20, 2002

David Martinez
TWCC
4000 IH 35 South-MS 48
Austin, TX 78704

MDR Tracking #: M2-02-1112-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed MD who is specialized and board certified in orthopedic surgery. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___, a 44-year-old cashier at ___, sustained injury to her back when a customer came to her with two 30-pound poles in her basket. The patient lifted the poles into a basket and then fell into the basket as she attempted to lift the poles. She noted sudden severe pain in her lower back with radiation up and down her spine and she also complained of numbness in both legs. This injury occurred on ___. ___ was referred to ___, a spine surgeon, who evaluated her with MRI studies of her lower back. She was found to have disc protrusion at several levels including the L5-S1 and a 2mm bulge at L2-L3. ___, evaluated her and he stated that he felt that she was overreacting to her injury. He felt that she had positive Waddell's signs on his examination. However, she was complaining of a significant amount of back pain. The patient was treated conservatively with physical therapy and some chiropractic modalities but she did not improve. Because of lack of improvement, ___ suggested that she see ___ for a second opinion regarding the possibility of spinal surgery. ___ felt that she did have a herniated disc at L5-S1 but he did not feel that it was severe enough to produce all of the symptoms that she was

experiencing and he did not feel that she should have surgery until all conservative treatment had been exhausted on her.

REQUESTED SERVICE

___ has suggested a series of three epidural steroid injections.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

___ does have objective pathology found on her MRI study, particularly at the L5-S1 level. Though she seemed to be magnifying her symptoms, it would appear that she is having problems at the L5-S1 level.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TDI/TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).